

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	1/28
O.I.P.E. CLASSIFIER		15	2/11/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		69300	

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/28/00
2	✓	✓	1/28/00
3	✓	✓	1/28/00
4	✓	✓	1/28/00
5	✓	✓	1/28/00
6	✓	✓	1/28/00
7	✓	✓	1/28/00
8	✓	✓	1/28/00
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13	✓	✓	1/28/00
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If more than 150 claims or 10 actions  
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